



**Wildlife Insurance Underwriters,**

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# Independent Horse Trainer Application

**This coverage is intended to cover the applicant's commercial liability arising out of instruction when conducting horse training on premises the applicant does not own or lease on a long term basis.**

**This is designated to cover the applicant's commercial and/or personal horse operation only. No premises liability is included under this policy coverage. If premises is owned or leased, complete a Commercial Equine Liability application.**

NOTE: Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued.

|  |   |
|--|---|
| Applicant: _____<br>Business Name: _____<br>Mailing Address: _____<br>City: _____ County: _____<br>State: _____ Zip Code: _____<br>Phone #: (____) _____ Fax #: (____) _____<br>Contact Person: _____ Contact Phone #: _____<br>Email: _____ Web site: _____ | Broker Name: _____ Broker Number: _____<br>Company Name: _____<br>Mailing Address: _____<br>City: _____ State: _____ Zip Code: _____<br>Phone #: (____) _____ Fax #: (____) _____<br>Email Address: _____ |
|--|---|

## I. Applicant Information

1. Type of Ownership:     Corporation         Individual         Joint Venture         Limited Liability Company     Trust  
                                    Organization         Partnership        FEIN: \_\_\_\_\_         None

2. a. Does applicant rent or lease any premises?  Yes  No  
       If yes, indicate the location and how many acres? \_\_\_\_\_  
       Rent / Lease Period:  1 day  1 week  1 month  6 months  1 year  other: \_\_\_\_\_

      b. Where does applicant operate?     own premises     boarding stable     training facility     racetrack     other: \_\_\_\_\_

      c. If any owned or leased on long term basis with horses, must complete a Commercial Equine Liability application.

3. Names of corporate partners/officers and social security numbers: \_\_\_\_\_

4. Desired Effective Date: \_\_\_\_\_

5. Is applicant a member of:     AQHA;     APHA;     ARIA;     NRHA;     USDF;     USEF;     Other: \_\_\_\_\_     None

6. Choose One  
    Limit of Liability:         \$ 300,000 occurrence / \$ 900,000 aggregate - (\$425.00 Minimum Earned Premium)  
                                    \$ 500,000 occurrence / \$1,500,000 aggregate - (\$575.00 Minimum Earned Premium)  
                                    \$1,000,000 occurrence / \$3,000,000 aggregate - (\$725.00 Minimum Earned Premium)

7. Describe applicant's experience in the horse business: \_\_\_\_\_

8. Do additional insureds need to be added?     Yes  No        Name: \_\_\_\_\_  
    Insurable Interest:     Owner of Premises     Other: \_\_\_\_\_        Address: \_\_\_\_\_

## II. Prior 3 Year Property & Liability Insurance Information

Must be completed in full in order to receive a quote. Including homeowners, renters and business owners' policies.

| Company | Dates | Premium | No. of Claims | Amount Paid |
|---------|-------|---------|---------------|-------------|
|         |       |         |               |             |
|         |       |         |               |             |
|         |       |         |               |             |

1. a. Has applicant been canceled or refused coverage in the last 5 years? (Not applicable in Missouri.)  Yes  No  
       b. If yes, please explain: \_\_\_\_\_

2. Explain losses/incidents within the past 5 years with dates and details of loss, including amount paid, on a separate sheet of paper.     None

3. Has the applicant ever filed for bankruptcy or had a foreclosure?     Yes     No    Explain: \_\_\_\_\_

### III. Equine Operations

1. Check all operations that apply to the applicant. All operations must be declared.

a. Complete a Commercial Equine Liability application, for all operations checked except pleasure and racing performed off premises.

Operation(s):  Boarding/Breeding  Hay/Sleigh Rides  NARHA Facility  Other: \_\_\_\_\_  
 Clinics  Horse Sales  Pleasure  
 Exotic Animals  Horse Shows  Racing  
 Farrier Services  Llamas /Alpaca  Riding Instruction

b. Additional Operation(s):  Day or Overnight Camp  Rodeo  
 Pony Rides  Trail/Endurance Rides

Download the appropriate supplement from our website - [www.horseinsurance.com](http://www.horseinsurance.com) for any operations checked above.

2. Estimated gross income from equine operation: \$ \_\_\_\_\_  None

3. a. Number of years in this type of operation: \_\_\_\_\_

b. Describe applicant's experience in this operation: \_\_\_\_\_

### IV. Summary of Horses

Count each horse only once, based on its primary use. All horse-related exposures must be insured.

All Owned / Leased Horses, On or Off Premises Must Be Declared.

1. Number of Owned & Leased Horses Used for:

a. Instruction to Others (ie- school horses) \_\_\_\_\_  
b. Pony Rides \_\_\_\_\_  
c. Rental Rides to Others \_\_\_\_\_  
d. Trail & Pack Trips \_\_\_\_\_

Total of Section 1: \_\_\_\_\_

2. Number of Owned Horses Used for:

a. Pleasure: \_\_\_\_\_; b. Show: \_\_\_\_\_; c. Training: \_\_\_\_\_ d. For Sale: \_\_\_\_\_  
e. Racing: \_\_\_\_\_; f. Other: \_\_\_\_\_ Total of Section 2: \_\_\_\_\_

3. Number of Horses Not Owned by Applicant Used for:

a. Training (Breed: \_\_\_\_\_)  Race  Show \_\_\_\_\_  
b. On Consignment for Sale (Breed: \_\_\_\_\_) \_\_\_\_\_  
c. Other: \_\_\_\_\_ Total of Section 3: \_\_\_\_\_

### V. Training of Horses

Training is: "Instruction given to horses."

1. Training is given by: (Check all that apply.)  Applicant;  Employee;  Independent Trainer working on behalf of applicant
2. Type of Training:  Race  Show - Type of show: \_\_\_\_\_  Other type of training: \_\_\_\_\_
3. Does applicant attend shows with horses in training?  Yes  No If yes, number of times per year: \_\_\_\_\_

List ALL trainers including applicant, employees and independent trainers working on behalf of applicant. (MUST BE AT LEAST 18 YEARS OF AGE)  
Complete information for over two trainers on additional paper.

1. a. Trainer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Type of Training Offered: \_\_\_\_\_  
b. Trainer is:  Applicant  Employee  Independent working on behalf of applicant Number of years experience as a trainer: \_\_\_\_\_  
c. Any licenses/certification for training?  Yes  No  
d. Give details and competition experience: \_\_\_\_\_

2. a. Trainer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Type of Training Offered: \_\_\_\_\_  
b. Trainer is:  Applicant  Employee  Independent working on behalf of applicant Number of years experience as a trainer: \_\_\_\_\_  
c. Any licenses/certification for training?  Yes  No  
d. Give details and competition experience: \_\_\_\_\_

### VI. Safety Program

1. a. Does applicant have written safety rules? (Submit copy or photo.)  Yes  No  
b. Does applicant abide by the equine liability law in the applicant's state?  Yes  No  
c. Does applicant require a signed waiver/release for all equine activities? (Submit copy.)  Yes  No  
d. Is the signed release kept on file for a minimum of 5 years?  Yes  No
2. a. Are ASTM/SEI certified helmets required at all times while mounted by  Everyone;  Everyone under 18; or  not required?  
b. Does applicant require a signed helmet rejection form from those who do not wear an ASTM/SEI certified helmet?  Yes  No  
c. Check safety gear required:  Boots/Heeled Shoes  Long Pants  Gloves  Other: \_\_\_\_\_  
d. Explain other safety procedures followed: \_\_\_\_\_

**VII. Horse Clinics / Competitions / Events -  No Exposure or  Exposure (With or without income.)**

1. a. Does applicant hold clinics?  Yes  No      b. If yes, how many clinic days per year: \_\_\_\_\_  
 c. What are the annual receipts: \$ \_\_\_\_\_      d. Average number of participants: \_\_\_\_\_
2. a. Does applicant conduct or manage:  Shows;  Rodeos\*;  Polo matches;  Other: \_\_\_\_\_?  Yes  No  
 \*If yes, complete Rodeo Supplement.  
 b. Details of premises: \_\_\_\_\_
3. Does applicant attend shows or competitions?  Yes  No      If yes, number of times per year: \_\_\_\_\_

**VIII. Farrier Sales -  No Exposure      This policy does not cover products liability.**

1. a. Does the applicant perform farrier services?  Yes  No       On Premises  Off Premises       Owned Horses  
 Horses Not Owned      Annual gross receipts: \$ \_\_\_\_\_
2. Does applicant have: *Apprentice*  Yes  No      If yes, payroll \$ \_\_\_\_\_      *Helper*  Yes  No      If yes, payroll: \$ \_\_\_\_\_

**IX. Additional Liability Exposure**

1. a. Does applicant own / lease / use any of the following?  Yes  No  
 (Indicate all vehicles used.)
- |  | None                     | # of Vehicles | Personal                 | Farm Use                 | Rides to Public          |
|--|--------------------------|---------------|--------------------------|--------------------------|--------------------------|
| All Terrain Vehicles / Utility Vehicle   | <input type="checkbox"/> | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Buggies / Carts / Carriages              | <input type="checkbox"/> | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Golf Carts                               | <input type="checkbox"/> | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dirt Bikes / Motorized Scooters / Mopeds | <input type="checkbox"/> | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Snowmobiles                              | <input type="checkbox"/> | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sleds / Wagons                           | <input type="checkbox"/> | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____                             | <input type="checkbox"/> | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- Use of any above vehicle is limited to use by the applicant / employee and used for horse operation only.*
- b. Are any of the above used by:  Students;  Volunteers;  Anyone under 16;  Other: \_\_\_\_\_?       Yes  No  
 c. Are operators required to be licensed in applicant's state?       Yes  No
2. a. Does applicant perform/participate in parades?  Yes  No      b. If yes, number of parades: \_\_\_\_\_; number of horses used per parade: \_\_\_\_\_  
 c. Please provide name of parade(s): \_\_\_\_\_; Size of parade(s): \_\_\_\_\_
3. Does applicant conduct the following:
- a. Trail rides, rental/saddle animal for hire? (Not including riding instruction.)       Yes  No  
 b. Hay rides, sleigh rides, carriage rides, pack trips, hunting or fishing trips?       Yes  No
4. a. Number of dogs owned by applicant: \_\_\_\_\_  None  
 b. Are dogs present during horse training?       Yes  No  
 c. Are all dogs confined when guests or the public (including students) are on the premises?       Yes  No

Note: There is no coverage for dogs. Please provide a Certificate of Insurance, proof of coverage, naming applicant as additional insured owner of premises, with an "A" rated admitted carrier with equal or greater liability limits as applicant, for personal liability from dog owner.

